

Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

Gastroenterology



Care Colleagues
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Introduction

Your doctor has advised that you have an Endoscopic Retrograde Cholangiopancreatography (ERCP). This leaflet tells you why you need the investigation, how to prepare for it and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read the leaflet, please contact us on one of the telephone numbers found at the end of this leaflet.

Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

The consent form will be completed with you in clinic or on the ward. Please read all the information on your copy of the consent form and bring this with you on the day of the procedure (This will be the yellow copy).

You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of endoscopy.

What are the benefits of having an ERCP?

ERCP is a procedure which is used to diagnose and treat diseases of the bile duct (the tube that drains bile from the liver to the bowel), gall bladder and pancreas. ERCP combines the use of a special telescope (endoscope) and X-rays to take pictures of the bile duct and/or pancreas.

What are the risks of having an ERCP?

The majority of ERCPs are straightforward. However, as with any procedure there is a small chance of complications/side effects.

Inflammation of the pancreas: this is called pancreatitis and occurs in approximately 1 in 20 cases. The pancreas is a sensitive organ and occasionally injecting dye into the pancreas may cause it to become inflamed. Usually, the inflammation is mild and settles in a day or two, but very occasionally it can be severe, resulting in a prolonged stay in hospital and even surgery.

Bleeding: if a cut is made into the lower end of the bile duct during the procedure then there is a risk of bleeding. The bleeding can often be treated straight away through the endoscope and is rarely a major complication. If severe, however, it can sometimes require blood transfusion or surgery.

Infection: there is a small risk of introducing infection into the bile. Antibiotics are given where appropriate to prevent this.

Perforation: during the procedure there is a very small risk of a tear in the wall of the bowel. This can be dangerous and may require an urgent operation to close the tear.

Missed lesions: Although this test has been recommended as the best test to detect any abnormalities, no test is perfect. There is a small risk that we may miss lesions including polyps and rarely cancers.

Severe complications are rare, but may require emergency surgery, blood transfusion or, in rare circumstances, result in death.

If you have stones or a blocked bile duct, the risk of serious complication from the ERCP is less than if nothing is done to treat the problem.

Are there any alternatives to an ERCP?

ERCP is usually performed after other tests have demonstrated an abnormality with the biliary or pancreatic system. Other tests, e.g. an ultrasound or X-ray, may show us what the problem is, but only an ERCP will allow us to treat the problem at the same time.

In approximately 10% of ERCPs it may be technically difficult to complete the procedure and alternative procedures may be considered. Alternative treatments include Percutaneous Transhepatic Cholangiography (PTC) in which a needle is placed into the liver through the skin of the abdominal wall under local anaesthetic.

What if I don't have an ERCP?

An ERCP has been recommended because previous investigations have indicated a blockage within your bile duct, liver or pancreas. ERCP allows us to treat these conditions. If you do not have an ERCP you will risk infection or worsening jaundice. In addition,

serious disease could be missed which might require further treatment.

Other procedures, including surgery, can be performed, but these are not suitable for all conditions and are associated with their own risks.

Preparation for the ERCP

It is important that your stomach is empty prior to the procedure. Please do not have anything to eat for six hours before your appointment.

You can drink water for 2 hours before your appointment.

Some patients may need to adjust their regular medicines before the procedure can be done. Therefore, if you take any of the following:

Anticoagulant tablets (Such as warfarin, rivaroxaban, dabigatran, apixaban or edoxaban)

Antiplatelet drugs (Such as clopidogrel, prasugrel or ticagrelor)

Or if you are a **diabetic**

Please telephone **Walsall Manor Hospital 01922 656217** and speak to a nurse on the Endoscopy Unit as soon as you have an appointment confirmed.

You should take all other tablets as normal with a sip of water.

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area.

A nurse will invite you into an office to ask you questions about your health, explain about the ERCP, and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have. You will also have the opportunity to confirm the details on your consent form with your Endoscopist.

Please bear in mind that there may be a delay before you are taken through for your procedure; however a relative or friend is more than welcome to wait with you.

Local anaesthetic spray and sedation

Local anaesthetic spray and intravenous sedation will be given to you. The local anaesthetic spray is used to numb your throat. The intravenous sedation involves an injection into your arm which will make you very drowsy. A pain relieving injection is also given. Some people do not have any memory of the ERCP having been done.

During the procedure

A nurse will stay with you throughout the ERCP. You will be made comfortable lying on your left side on a trolley with your knees bent. You will be given some oxygen to breathe through a small plastic tube in your nostrils. Injections of pain relief and sedation will be given. Throughout the ERCP a monitor is placed on your finger to check your pulse and oxygen levels.

Once you are sleepy, the endoscope is easily passed over the back of the throat, through the stomach, and into the small bowel where the opening of the bile duct and pancreatic duct is. A thin plastic tube is passed through the endoscope into the bile duct or pancreatic duct.

Dye is injected which shows up any abnormality on X-ray screening. If the X-rays show a gallstone in the bile duct, then the exit of the duct can be made bigger using an electric current (diathermy). Depending on the size of the stone it can usually be removed at that time. If the problem in the bile duct is due to a blockage, then a plastic tube can be placed through the blockage to allow bile to drain freely and relieve the problem. Small samples of tissue or cells from the lining of the bile duct may be taken to examine under a microscope to help the diagnosis.

Additionally, for gallstones that are very large and are difficult to remove entirely, a small tube (similar to the tube described previously) may be inserted into the bile duct through the endoscope and the gallstone may be broken into pieces and removed using special equipment. Occasionally, if there is a narrowing in the bile duct that needs further examination, a tube may be inserted into the bile duct to take specimens under direct vision.

During the ERCP the nurse, using a sucker similar to one you may have seen used by your dentist, will remove any saliva collecting in your mouth.

In the examination room, you may be given a suppository (a medication into your back passage). This is to reduce the risk of inflammation of the pancreas after the procedure.

After the ERCP

You will be cared for in the recovery area on a trolley until you are fully awake and it is safe for you to go home. This may take between 1 and 3 hours. You will be given something to eat and drink before you go home.

Please tell us of any specific dietary requirements at least 24 hours prior to your procedure.

You will have some written instructions to take with you.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

When will I receive the results?

The doctor or nurse will usually give you the results before you go home. As you have had sedation, you may not remember all that has been said to you. If you have given us permission, your relative or whoever is collecting you can be present for the discussion about your results.

You will also have a copy of your Endoscopy Report to take with you, and if necessary your results can sometimes be discussed with you at a later clinic appointment.

Information for Women of Childbearing Age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the Endoscopy Unit on the telephone number at the front of this booklet. We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Training

Walsall Healthcare NHS Trust is a Centre for Endoscopy Training. You may be asked if you would be willing to be examined by a trainee Endoscopist.

All trainees are under the direct supervision of an expert Consultant trainer until they are fully competent.

The Consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

If you require any further information, please contact us on one of these numbers:

Endoscopy Booking Office:

01922 656217

Monday to Friday 08:30 to 16:30

Useful External Agencies

Guts UK

The Charity for the Digestive System.

3 St Andrews Place

London

NW1 4LB

Tel: 020 7486 0341

Email: info@gutscharity.org.uk

<https://gutscharity.org.uk>



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو، براہ کرم
پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.